# ARIZONA DEPARTMENT OF HEALTH SERVICES

STATE OF ARIZONA

} ss

County Of Maricopa

CERTIFICATE NO. _____ -2- _____

DOCKET NO. _____ EMS 2985 _____

THE ARIZONA DEPARTMENT OF HEALTH SERVICES has found, under the authority of A.R.S. §36-2232 et seq. and pursuant to Department of Health Services rules, that public necessity requires the operation of

## PINEWOOD FIRE DISTRICT dba PINEWOOD FIRE DEPARTMENT

as a _____ ground ALS and BLS _____ ambulance service in the State of Arizona for the transportation of individuals who are sick, injured, wounded or otherwise incapacitated or helpless within the following service area, with the following central operations station and response times:

1.  Service Area:  Pinewood Fire District, including all areas within the Pinewood Development Area and the area on the West by the established Forest Service boundary, on the South by the Coconino/Yavapai County Line, on the East and North by area set forth in map attached to Application for Ambulance Service Certificate of Necessity.  Included in service area is coverage of Interstate 17 from Milepost 306 to Milepost 331.

2.  Central Operations Station: Munds Park, Arizona (475 East Pinewood Blvd.).

3.  Response Times:

    a.  Twenty (20) minutes on ninety (90) percent of all ambulance calls.

    b.  Thirty (30) minutes on ninety-five (95) percent of all ambulance calls.

    3.  Forty (40) minutes on one hundred (100) percent of all ambulance calls.

Now, therefore, by virtue of the authority vested in the Arizona Department of Health Services, under the constitution and laws of the State of Arizona, does hereby grant this

## RENEWAL

## CERTIFICATE OF NECESSITY

authorizing the operation of the aforesaid ambulance service for a period ending _____ **August 31, 2009** _____ unless for cause sooner amended, suspended, revoked or terminated subject to the decisions and orders, and rules of the Department.

PROVIDED, that this certificate shall not be assigned nor transferred unless authorized by the Arizona Department of Health Services.

BY THE ORDER OF THE ARIZONA DEPARTMENT OF HEALTH SERVICES, IN

WITNESS WHEREOF, I _____ **SUSAN GERARD** _____ the Director of the Arizona Department of Health Services, have hereunto set my hand and caused the official seal of the Arizona Department of Health Services to be affixed at Phoenix, Arizona on _____ 8-14-06 _____

_____
DIRECTOR